

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF	United States of America. FILED	COURT CASE NUMBER	04-10074-JLT
DEFENDANT	Giao Nguyen	TYPE OF PROCESS	Summons & Complaint
SERVE ➔ AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN		
	Giao Nguyen		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)		
	19 Willis Street, Dorchester, MA 02125		

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285	1
Nancy M. Rojas U.S. Attorney's Office Financial Litigation Unit One Courthouse Way, Suite 9200 Boston, MA 02210		Number of parties to be served in this case	1
		Check for service on U.S.A.	1

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Please serve prior to May 1, 2004

Signature of Attorney or other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
<i>[Signature]</i>		617-748-3288	3/24/04

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
	1	No. 38	No. 38	Nancy Delaney	3/24/04

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
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Address (complete only if different than shown above)	Date of Service	Time	am
<i>[Signature]</i> B.C. Medical CTA.	4/6/05	5:30	pm
	Signature of U.S. Marshal or Deputy		
	<i>[Signature]</i>		

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
\$90.00	\$11.38					

REMARKS:

3-31-04 - NO RESPONSE Defendant is a resident
 4/6/04 dead 12:45 Doctor (Psychiatrist) at
 4/6/04 dead 1:45 B.C. Med. CTA.

PRIOR EDITIONS
MAY BE USED

1. CLERK OF THE COURT

FORM USM-285 (Rev. 12/15/80)